

*This section of the Strategic Plan for Older Adults consists of two parts. Part One contains the goals and action steps for the five categories of safety, transportation, housing, health, and quality of life. Part Two addresses the recommendations for implementation of the Plan and the comprehensive improvement of programs and service delivery systems.*

## **PART 1: GOALS and ACTION STEPS**

### *For the Five Categories of Safety, Transportation, Housing, Health, and Quality of Life*

The Strategic Plan for Older Adults calls for examining the goals and implementing the action steps in the five categories of safety, transportation, housing, health, and quality of life. A phase of the planning process for creating the action steps included collaborative meetings with key stakeholders from within City-funded agencies and departments, including Long Beach Transit, the Long Beach Police Department, the Long Beach Housing Authority, and the Department of Parks, Recreation, and Marine, who discussed methods for adopting and implementing the Plan's action items that were within their purview.

## **CATEGORY 1: SAFETY**

Safety is a major concern of older adults in Long Beach. Focus groups and key informant interviews revealed that many older adults fear for their personal safety both in their homes and in their communities. Some of the sources of fear that were reported included crime and reporting crime, frauds and scams, elder abuse, pedestrian, home, and public transportation safety, and lack of disaster preparedness. Some reported that these fears result in older adults remaining isolated in their homes, leading to or exacerbating feelings of depression, anxiety, or loneliness, and, at times, isolation and neglect.

### **Violent Crime**

Older adults in focus groups indicated fear of violent crimes, harassment, and retribution in their homes due to their reporting crimes. Many older adults also reported that they felt walking in some areas of Long Beach to be very dangerous because of perceived criminal activities. Older adults limit their walking to daytime hours with virtually no evening outings, thereby compromising their quality of life by limiting their participation

## Violent Crime *continued*

in volunteer and educational opportunities and meaningful recreational programs and activities.

In addition, Hispanics indicated fear of deportation of family members or themselves, and Cambodians voiced fear of authority. Older gay and lesbian adults reported harassment and hate crimes.

Illustrating the need to track crime rates over time, the information in the following charts was provided by the Long Beach Police Department and the Bureau of Criminal Statistics. The charts reveal that in a two-year period, 272 violent crimes were perpetrated on persons age 60 and over.

**Chart 10: Number of Violent Crimes Committed Against Older Adults 60+ in Long Beach, September 2000-August 2001**

MONTH & YEAR	HOMICIDE	RAPE	ROBBERY	ASSAULT	TOTALS
Sept 2000	0	0	13	0	13
Oct 2000	1	0	9	3	13
Nov 2000	0	0	3	7	10
Dec 2000	1	0	8	1	10
Jan 2001	1	0	9	0	10
Feb 2001	0	0	10	0	10
Mar 2001	0	0	6	9	15
Apr 2001	0	0	7	11	18
May 2001	0	0	4	2	6
June 2001	0	0	9	3	12
July 2001	0	1	0	9	10
Aug 2001	0	0	0	6	6
<b>Totals</b>	<b>3</b>	<b>1</b>	<b>78</b>	<b>51</b>	<b>133</b>

Source: *The Long Beach Police Department and the Bureau of Criminal Statistics*

**Chart 11: Number of Violent Crimes Committed Against Older Adults 60+ in Long Beach, September 2001-August 2002**

MONTH & YEAR	HOMICIDE	RAPE	ROBBERY	ASSAULT	TOTALS
September 2001	0	0	0	3	3
October 2001	0	0	0	4	4
November 2001	0	0	0	6	6
December 2001	0	1	5	5	11
January 2002	0	1	12	4	17
February 2002	0	0	5	1	6
March 2002	1	0	7	4	12
April 2002	0	1	10	2	13
May 2002	2	0	7	9	18
June 2002	0	1	10	4	15
July 2002	0	0	14	10	24
August 2002	0	0	5	5	10
<b>Totals</b>	<b>3</b>	<b>4</b>	<b>75</b>	<b>57</b>	<b>139</b>

Source: *The Long Beach Police Department and the Bureau of Criminal Statistics*

## Fraud and Scams

Perpetrators of fraud, scams, and identity theft as well as persistent telemarketers target frail and isolated older adults, especially those with good credit. Based on community and Task Force input and data on elder abuse and fiduciary abuse, these types of crime are multiplying, particularly among vulnerable, lonely older adults eager for conversation.

## Elder Abuse

Quality personal care is the foundation of long-term care. The need for safe and affordable personal care attendants for older adults is growing rapidly. Elder abuse by family members, caregivers, and service providers with access to older adults' homes and finances is a growing concern. Information on where and how to hire trustworthy, bonded caregivers or personal care attendants is lacking. Key informant interview participants called for ways to ensure that low-cost background checks are available for older adults and their families when hiring prospective caregivers.

## Elder Abuse *continued*

Recent statistics on reported abuse against older adults in Long Beach highlight neglect as the number one type of reported abuse from 1995 through 2001 (with 1997 as the exception).<sup>v</sup> The following tables present detailed information on: the number of abuse cases reported by an outside agency, the type of abuse reported (physical, sexual, neglect, psychological, and fiduciary), the proportion of abuses by type, and the percentage change in the total number of reports from the previous year.

**Chart 12: Number of Abuse Cases Against Older Adults in Long Beach as Reported by an Outside Agency, 1995-2000**

	2001	2000	1999	1998	1997	1996	1995
JANUARY	33	45	27	37	27	49	23
FEBRUARY	20	17	41	27	44	35	27
MARCH	43	17	31	35	51	26	30
APRIL	26	38	33	27	22	41	25
MAY	32	31	19	37	42	43	51
JUNE	38	29	28	0	8	40	21
JULY	29	22	19	31	38	22	54
AUGUST	52	42	48	22	30	24	22
SEPTEMBER	34	50	10	29	31	40	38
OCTOBER	35	33	22	24	47	28	43
NOVEMBER	16	20	35	27	24	28	29
DECEMBER	33	39	15	27	16	24	57
<b>Totals</b>	<b>391</b>	<b>383</b>	<b>328</b>	<b>323</b>	<b>380</b>	<b>400</b>	<b>420</b>

Source: Long Beach Police Department

<sup>v</sup> Definitions and reporting rates vary over time. Nationally, it is assumed that underreporting is common.

**Chart 13: Number and Percent of Cases of Elder Abuse in Long Beach, Reported by an Outside Agency by Year, 1995-2001**

Type of Abuse	2001	2000	1999	1998	1997	1996	1995
Physical	56 (14%)	63 (16%)	66 (20%)	82 (25%)	128 (34%)	102 (26%)	119 (28%)
Sexual	4 (1%)	10 (3%)	6 (2%)	0 (0%)	3 (1%)	5 (1%)	10 (2%)
Neglect	152 (39%)	130 (34%)	137 (42%)	131 (41%)	127 (33%)	141 (35%)	158 (38%)
Psycho- logical	82 (21%)	59 (15%)	62 (19%)	55 (17%)	66 (17%)	72 (18%)	53 (13%)
Fiduciary	97 (25%)	121 (32%)	57 (17%)	55 (17%)	56 (15%)	80 (20%)	80 (19%)
Totals	391 (101%)	383 (100%)	328 (100%)	323 (100%)	380 (100%)	400 (100%)	420 (100%)

Source: Long Beach Police Department

**Chart 14: Percent Change from Previous Year of Total Cases of Abuse Against Older Adults in Long Beach, Reported by an Outside Agency, 1995-2001**

Year	Number of Cases	Percent Change
1995	420	N/A
1996	400	- 4.8%
1997	380	- 5.0%
1998	323	- 15.0%
1999	328	1.5%
2000	383	16.8%
2001	391	2.1%

Source: Long Beach Police Department

## Pedestrian Safety

Community and Task Force input identified poor street lighting, un-maintained sidewalks, and the absence of marked crosswalks as pedestrian fall and safety hazards. The short duration of crosswalk lights, speeding cars, as well as inconsiderate bicyclists and skateboarders exacerbate our older adults' fear of injury.

Recent statistics provided by the Traffic and Transportation Bureau in Long Beach revealed that there is a correlation between age and the increased risk of a fatal pedestrian accident. As shown in the chart below, older adults have the highest pedestrian fatality rate yet the lowest pedestrian accident rate. Thus, older adults have the lowest risk of any age group of being involved in a pedestrian accident, yet when they are, there is a greater risk that it will be fatal. However, since there were more than 1,000 pedestrian accidents in three years and approximately 2 percent, or 22 of them, were fatal accidents, the overall risk of being involved in a fatal accident is relatively low for all age groups.

**Chart 15: Percentage of Pedestrian Accidents and Fatalities by Age Group for Long Beach, 2000-2002 (Three-Year Average)**

AGE	POPULATION	PEDESTRIAN ACCIDENTS		PEDESTRIAN FATALITIES	
		Number	Percent	Number	Percent
0-19	32.4%	498	49%	3	13%
20-34	24.9%	175	17%	4	18%
34-54	27.3%	211	21%	5	23%
55+	15.4%	120	12%	8	36%
Unknown <sup>vi</sup>		13	1%	2	10%
Total Accidents	100%	1017	100%	22	100%

Source: City Traffic Engineer, Long Beach Traffic and Transportation Bureau

Additional data from the Traffic and Transportation Bureau for Long Beach showed that the majority of pedestrian accidents and fatalities do not occur at intersections or traffic signals, rather, they occur at mid-block. Their data also indicate a lack of evidence that increasing the duration of traffic light walk signals improves pedestrian safety, considering that this type of accident occurs infrequently.

<sup>vi</sup>At times, age is not available on police accident reports.

A recent study in the Journal of the American Medical Association (JAMA) examined the relationship of marked crosswalks to pedestrian motor-vehicle collisions in older adults. The study found that marked crosswalks with no signals or stop signs are associated with a 3.6 times greater risk to older pedestrians of being struck by a motor vehicle.<sup>11</sup> Focus group participants shared a public perception that marked crosswalks ensure pedestrian safety, which is not the case per the findings of the JAMA study. The JAMA study reinforces the importance of the need to educate older adults about pedestrian safety.

## **Public Transportation**

Older adults indicated fear of falling due to difficulties of stepping into buses and finding a seat before the driver departs. Additionally, ethnic populations reported difficulty in accessing printed bus information in their languages. They expressed fear of taking buses because of the possibility of becoming stranded after traveling by bus away from home and not being able to access information to return home.

## **Home Safety**

Unsafe conditions in the home, lack of routine maintenance, and overcrowded housing were highlighted by focus groups and Task Force members as frequently jeopardizing the physical safety of older adults and creating preventable hazards such as fires and falls. Poor exterior lighting, the absence of sturdy hand railings, and unsafe steps in residential housing were also reported as potential home safety hazards. Fall related injuries are the leading cause of preventable injury and death among older adults, and over 60 percent of deaths from falls occur in the 75 and older age group.<sup>12</sup>

## **Disaster Preparedness and Emergency Alert Devices**

Older adult respondents viewed access to disaster preparedness as essential to meeting the special requirements of vulnerable older adults in Long Beach, especially the 18,565 persons age 65 and older with disabilities.

Task Force members recognized that emergency alert devices are important for ensuring the well being of older adults if they experience crisis situations such as falls, medical problems, and other various safety concerns. Emergency alert devices are worn around the neck or wrist and provide older adults with push-button access to assistance 24 hours a day. These services can be offered privately or through insurance plans for a monthly fee. A lower-cost alternative to these services includes devices that emit alarms to alert nearby persons or neighbors that an older person is in need of immediate assistance.

**SAFETY GOAL:** *To improve the overall safety of older adults at home and in the community.*

## **Safety Action Steps**

1. Create collaborations between Police, Neighborhood Associations, older adult groups, and other community groups that will work to design and implement methods to reduce the number of violent crimes perpetrated against older adults, elder abuse, frauds and scams, and neglect.
2. Advocate for higher prioritization for community policing (i.e. increase foot, bicycle, or vehicle patrols) as a safety net for older adults who reside in high-crime neighborhoods.
3. Ensure that crime reports are taken from older adult informants at neutral locations such as community centers, senior centers, churches, etc. and ensure that informant addresses are not broadcasted over police radios in order to minimize older adults' fear of retribution against them.
4. Advocate for age sensitivity training and communication skills in the Police Academy curriculum for cadets and in continuing education and training for veteran officers.
5. Engage media and community networks to inform residents about immigration law and ways to minimize crime underreporting by immigrant older adults due to fear of deportation.
6. Advocate for increased public awareness and access to appropriate City services for the reporting and repair of unsafe rental housing, streets, sidewalks, and crosswalks.
7. Promote and provide community education and increase awareness among older adults regarding pedestrian safety in order to reduce the fatality rate among older adult pedestrians.
8. Promote and support the City's Police Department and Community Development Department's Traffic and Transportation Bureau's pedestrian safety awareness campaigns and technology enhancement programs that focus on pedestrian environment, connectivity, and reducing the pedestrian accident rate.
9. Promote elder abuse prevention community-wide.
10. Advocate for increased partnering of Adult Protective Services (APS) staff with Police Department personnel similar to the Mental Evaluation Teams (MET).
11. Identify ways for families and older adults to access low-cost background checks on prospective caregivers and encourage consumers to take advantage of this technique.



12. Develop resources to enhance recruitment efforts in order to expand Senior Police Partners' and Fire Ambassadors' ability to increase access for diverse older adults to critical safety services.
13. Advocate for aggressive prosecution of offenders who perpetrate fraud, scams, and identity theft on older adults. Enhance education and outreach to the community about the prevention of and access to information and resources about these crimes.
14. Promote education and training about access to low or no-cost comprehensive home safety assessments and modifications, including home safety equipment and assistive devices that help to prevent falls and other hazards.
15. Provide awareness of and access to information about emergency alert devices and lower cost alternatives such as alarm devices for helping older adults in need of immediate emergency assistance.
16. Ensure that the concerns of frail, homebound, and disabled persons of all ages are addressed in all phases of the City's disaster preparedness programs, as well as in the programs of other volunteer crises response agencies.
17. Work in collaboration with providers, police and fire departments, hospitals, and gatekeepers to create a registry of vulnerable, frail, homebound, and disabled older adults who will be cared for and evacuated in the event of an emergency or disaster.

## **CATEGORY 2: TRANSPORTATION**

The availability of safe, affordable, and reliable transportation was reported as a major factor necessary for achieving a good quality of life. When quality modes of transportation are lacking, older adults are restricted from accessing or receiving vital services related to food and nutrition, health care, social activities, and community involvement.

### **Access to Services**

Data from Long Beach Transit show that older adults comprise 15 percent of their 28 million annual riders. While Long Beach Transit provides older adults with a variety of good, elder-friendly transportation options, many older adults and their families are not aware of the services available to them or may be unable to access these services. In some areas, older adults who are able to ride the bus cannot walk to the bus stops because the distances from their homes to the bus stops are too great. They reported needing additional bus routes to outlying areas in Long Beach (especially outside of the downtown area) in order to make the bus system more accessible for older adults who have reduced mobility.

Many ethnic older adults reported a need to better understand the various transportation services available to them and how to use them safely. They reported a desire to learn how to use the bus system as a means to break patterns of isolation and create opportunities for community participation, health care needs, and social activities. Ethnic older adults also reported that another barrier to using existing services was the limited information on transportation services available in other languages.

## **Older Drivers and Alternative Options**

The issues surrounding older adults and driving was illuminated by Task Force members as a vital concern for the community. Many older adults feel that driving is central to their independence and freedom. When older adults choose to stop driving or are encouraged by family members or physicians to limit or cease driving, many view the period of adjustment that follows as very difficult, often leading to depression and social isolation. A study by AARP found that non-drivers leave the house fewer than three times per week, even if it is just to take a walk.<sup>13</sup> It is crucial for older adults who no longer drive to have a number of affordable alternative transportation options available in order to remain independent, safe, and socially active.

Long Beach Yellow Cab offers discounted taxi services for older adults upon request. Many of the cab drivers provide older adults with door-to-door assistance upon request. Several service providers for older adults utilize Long Beach Yellow Cab's taxi voucher program for transporting their clients to medical and social appointments. However, some older adults who participated in the taxi voucher program reported very long waiting lists for obtaining vouchers.

Older adults also reported needing more available and accessible short-distance transportation to banks, senior centers, markets, and health care appointments. Several older adult focus group participants reported needing clarification on the eligibility requirements for para-transit services such as Access and Dial-A-Lift, which serve disabled persons, including older adults with disabilities. Older adults who were eligible for para-transit services reported experiencing unreliable service, difficulty making reservations and arrangements, and excessive waiting periods for the services to pick up and return them to their destinations. Additionally, many frail older adults reported needing door-to-door services but most para-transit, van, and rideshare type services are limited to curb-to-curb pick up and drop off.

**TRANSPORTATION GOAL:** *To improve and enhance information about, access to, reliability, and affordability of transportation services for older adults.*

# Transportation Action Steps

1. Review and enhance transportation systems' driver and customer service training focusing on sensitivity in the areas of aging, ethnicity, culture, and language.
2. Involve older adult service providers and community advocates in providing information and assistance about the use of the various transportation services available to older adults, especially diverse older adults, to decrease their fear and frustration about the use of services and to decrease barriers to accessing transportation.
3. Disseminate information about the eligibility criteria for various para-transit services and ridesharing type services (i.e., Dial-A-Lift, Dial-A-Ride, and Access) to ensure access for those eligible to receive the services.
4. Advocate for para-transit and ride-sharing type services to include door-to-door assistance for frail older adults.
5. Advocate for an ambassador program for transportation similar to the Long Beach Fire Ambassadors or the Senior Police Partners to assist older adults and persons with mobility limitations in accessing and using existing transportation services.
6. Enhance local community efforts to secure funding for vans to provide alternative transportation for frail adults who are unable to use available transportation services.
7. Advocate for the establishment of a centralized, coordinated volunteer driver program for local transportation to banks, stores, senior centers, social activities and non-emergency medical needs. Volunteers could assist with the pick up and delivery of prescriptions, personal items, and groceries.
8. Advocate for higher readability and well-lit signage at bus stop locations.
9. Encourage older adult advocates to participate on various transportation committees and in public hearings to ensure that older adult issues are included in discussions and planning.
10. Advocate for additional funding to enhance and expand the taxi voucher programs utilized by providers of older adult services.
11. Advocate for additional programs and resources to promote education about safe driving programs (i.e., AARP's "Alive at 55", AAA Safety Foundation) including physical and mental assessments for older adult drivers.

## CATEGORY 3: HOUSING

Housing was identified as a fundamental issue for older adults during the planning process. Task Force members and focus group participants repeatedly cited the current and increasing shortage of safe, affordable housing. This input validated the findings in other City housing assessments. The Long Beach Housing Element for 2000-2005 paralleled the data collected for the Plan, stating that many of older adults have disabilities and limited incomes (45 percent of older adult households earn very low income), and that one-third of older adults overpay for housing.<sup>14</sup> These and other housing concerns have become increasingly critical over time, because public policy advocates for and older adults prefer to remain independent in their homes.

*"Most Latino older adults live with family. They really have no choice because of housing costs. They have no choice but to live in overcrowded housing, many times sleeping on the sofa in the living room."*

*- Focus Group Participant*

### Maintenance and Affordability

Task Force members and focus group and key informant interview participants indicated that numerous housing issues affect older adults, especially low-income, ethnic sub-populations. Additionally, data from the U.S. Census 2000 Summary File 1 (100 percent data) for Long Beach illuminate the growing issue of overcrowded conditions, finding that the number of persons per household has increased from 2.61 in 1990 to 2.77 in 2000. This Census data for Long Beach also stated that in the year 2000, 18.3 percent of households included individuals 65 years and over. Some focus group participants noted that many older adults living in overcrowded conditions sleep on sofas or cots in non-bedroom living areas of households.

Lack of proper housing maintenance was also expressed as a major concern for older adults living in their homes, especially for those living alone. Most older adults desire to stay independent and age in place in their homes. Maintenance costs, taxes, repairs, and distance from essential services are barriers faced by older adults who age in place. Many low and middle-income older adults are unable to properly maintain their homes, leading to structural deterioration and the development of hazardous living conditions. Some older adults were reported as living in "pack-rat," cluttered conditions, potentially leading to fires and falls, and the inability to exit safely in emergencies.

The issue of housing affordability was widely reported as the major barrier to quality living among older adults. The Federal Housing and Urban Development (HUD) congregate living housing contracts signed by multi-unit facility developers thirty years ago are ending and these owners are opting to sell their properties, or are choosing not to renew with HUD but instead open their housing to higher paying, non-senior residents. Additionally, high rents together with the lack of nearby family have forced many older adults to be placed unnecessarily into assisted living and skilled nursing facilities.

An analysis of U.S. Census 2000 Summary File 3 sample data for Long Beach show that 44.5 percent of those 65 and older who rent (3,873 households) spend 35 percent or more of their household income on rent, while 17.8 percent of those 65 and older who own their homes (2,346 households) spend 35 percent or more of their income on monthly owner costs. That is, more than twice as many older adult renters spend greater than 35 percent of their monthly income on housing costs compared to older adult homeowners.

## Section 8 Housing

The Housing Authority of the City Long Beach has provided data showing the number and percent of assisted households that are elderly, categorized by zip code.<sup>vii</sup> Further statistics from the Long Beach Housing Authority show that the average gross income for older adults in Section 8 housing is \$12,940 annually, and that the average subsidy payments Section 8 housing provides towards rental costs are \$516 monthly for elderly households.

**Chart 16: Long Beach Section 8 Housing Data: Number and Percent of Persons Ages 62 or Older by Zip Code, May 2004**

Zip Code	Number	Percent
90802	393	25.5%
90813	349	22.7%
90805	219	14.2%
90806	184	11.9%
90804	180	11.7%
90807	65	4.2%
90814	64	4.2%
90810	49	3.2%
90803	14	0.9%
90808	14	0.9%
90815	9	0.6%
<b>Totals</b>	<b>1,540</b>	<b>100.0%</b>

Source: Housing Authority of the City of Long Beach

<sup>vii</sup> Age ranged from 62 to 104 years.

## Homeless Older Adults

Statistics are unavailable on the number of homeless older adults in Long Beach, but homeless shelters, the Veteran's Administration, and the Long Beach Department of Parks, Recreation, and Marine's Senior Center reported that numerous homeless older adults seek services on an on-going basis. As people age, the incidence of disability and frailty increases, making homeless older adults an extremely vulnerable population that requires temporary shelter and help with transitioning to safe, affordable housing.

## Universal Design and Home Modifications

The concept of universal design is important for assisting older adults to remain independent. The Center for Universal Design describes the concept as the "design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design."<sup>15</sup> Universal design creates a more accessible environment for not only those with vision, hearing, or mobility impairments, but also for people of all ages, statures, and abilities. Families with young children, for example, especially benefit from curb cuts, ramps, and elevators. Some examples of universal design in homes include installing lever door handles instead of doorknobs, installing handrails and grab bars, widening doorways and hallways, lowering cabinets and countertops, and installing ramps in and around the home.

Home modification for older adults includes adapting or remodeling an existing environment in order to increase safety, feasibility, and independence. Home modifications and repairs lower risks of falls and injury, increase comfort, and improve quality of life. Many home modifications, such as installing lever door handles and grab bars, parallel the universal design, but are made to existing homes as opposed to new homes. Home modifications are already utilized by Baby Boomers, assisting their parents and themselves.

**HOUSING GOAL:** *To advocate for, promote, and increase access to safe, affordable housing for older adults.*

## Housing Action Steps

1. Advocate to retain and/or increase subsidized housing, including the monitoring of older adult housing units with covenants or use restrictions.
2. Advocate to increase the availability of shelters and temporary housing for the homeless and older adults, including victims of elder abuse. Educate the community on the availability of existing homeless shelters, neighborhood centers, churches, and senior centers that serve these populations.

3. Provide education for families and caregivers regarding housing resources and housing modifications to accommodate aging residents and promote registries for shared housing.
4. Provide education and age sensitivity training to housing authorities and providers regarding older adult and disabled adult occupants.
5. Advocate for improved communication and collaboration between public, private and non-profit providers and faith-based communities for assisting older adults in crisis housing situations.
6. Work with the City, State, and the larger community to ensure that older adult issues are included in the Housing Element and other strategic planning reports for housing programs and management.
7. Advocate to increase the availability of safe, affordable housing for low to middle-income older adults who do not qualify for subsidized housing.
8. Enhance and promote existing home maintenance programs and City home improvement grants available to older adults.
9. Advocate for and promote universal design in future housing and upgrades in existing homes. Educate the community on how universal design benefits all age groups.
10. Advocate for the enhancement and expansion of affordable assisted-living services for older adults and persons with disabilities.
11. Advocate that Section 8 rentals and housing for older adults permit pets as companions to assist older adults in remaining independent and in good physical and mental health.
12. Advocate to increase interdepartmental and interagency communication and cooperation to assist at-risk older adults facing the loss of their current housing, including HUD, Section 8, or other government assisted housing.
13. Provide older adults, their families and caregivers with education and resources for reporting scams and frauds that target mortgages, maintenance, and repairs of older adult's homes.

## **CATEGORY 4: HEALTH**

Good health was another priority issue reported by older adults as a principal component to quality living. Participants from focus groups, key informant interviews, and members of the Task Force highlighted good physical and mental health as being crucial to sustaining quality of life. The dynamics of the aging of Baby Boomers and the increase in life expectancy will result in the older adult population placing a growing demand on the need for quality health services and health promotion.

## Health Care

Access to good health care is the touchstone for increasing the longevity and improving the quality of life for everyone, especially older adults. The physical, mental, emotional, and spiritual aspects associated with good health rely on the availability and accessibility of preventive and primary health care. Some participants from focus groups have no health care insurance or inadequate coverage, particularly in the undocumented ethnic communities. Although Medicare covers most older adults, not all older adults have Medigap or Long Term Care insurance that act as safety nets for adequate health care coverage. Several immigrant older adults in focus groups reported having no health care insurance coverage, and instead rely on herbs, vitamins, cultural remedies, and similar practices to remain healthy.

A large number of focus group participants expressed that they were frustrated and displeased with the quality of care they receive from their physicians, many of whom are not trained in geriatric medicine. The older adult participants indicated that their health care providers were not seeing them often enough, and that doctors spent too little time with them during office visits and displayed a general lack of respect and interest. This type of treatment by doctors can result in older adult patients becoming confused, receiving insufficient or improper medical treatment, and/or being misdiagnosed.

Many older adults also reported not being able to afford prescription drugs. Additionally, medication mismanagement and complications surrounding drug interactions were highlighted by Task Force members and focus group participants as critical concerns for older adults. Focus group participants also noted the need for physicians, pharmacists, and health and social service providers to better educate older adults, their families, and caregivers on the importance of the proper use of medications.

## Chronic Disease

Chronic disease is not only a growing challenge for health care providers, but also for individuals as they age and as the population's life expectancy increases. One example of a disabling chronic disease is diabetes. Diabetes has been identified as a Healthy People 2010 risk factor. The incidence of diabetes increases with age and its incidence is growing rapidly in the United States. Controlling diabetes can reduce blindness, amputations, and the need for dialysis. Additionally, several recent studies have indicated a direct correlation of untreated diabetes with higher incidences of cardiovascular and Alzheimer's disease.

The incidence of other chronic diseases, such as hypertension and arthritis, also increases with age. According to the Los Angeles County Health Survey of more than 8,000 households in the County, the prevalence of hypertension increases with age from 4 percent among persons age 18-29 to 35 percent in persons age 50 or older. Hypertension rates are highest among African-Americans at 28 percent. The survey also revealed that 40 percent of adults age 50 and older have arthritis. For all ages, Caucasians and African-Americans have the highest prevalence at 22 percent.<sup>16</sup>



Chronic diseases can be debilitating and may result in premature dependency and death. Many chronic conditions can be successfully detected, prevented, treated, and managed by practicing healthy behaviors, good nutrition, moderate exercise, and proper medication management. Health promotion, proper disease prevention and management, access to quality health care coverage, and education about disease and self-care all greatly influence quality of life for older adults living with chronic disease.

Additionally, collecting and monitoring baseline data on chronic diseases are important and necessary for examining methods to lower the incidence of chronic diseases among older adults in Long Beach.

## **Disability**

Census 2000 data for Long Beach have shown that 36.6 percent of persons 65 and older (18,565 individuals) have a disability. Disabilities can affect a person's capacity to perform activities of daily living such as bathing, dressing, and walking, and can require the older adult to seek some level of home modification and supportive services. Sensory and other physical losses can also affect the functional mobility of older adults.

With life expectancies at an all-time high and increasing, the number and percent of persons with disabilities is also increasing. One projection claims a possible 350 percent growth in the number of moderately or severely disabled persons of all ages, from 5.1 million in 1986 to 22.6 million in 2040.<sup>7</sup>

## **Mental Health**

Many older adults in focus groups reported concerns about mental health issues, including depression and anxiety, which can lead to being isolated and disenfranchised. Depression can compound the effects of and exacerbate other existing disabilities, and in some cases can lead older adults to commit suicide. In 1998, the 65 and older age group had the highest rate of suicide in the nation, making up 20 percent of all reported suicides.<sup>17</sup> Nationally, men comprised 84 percent of suicides among persons 65 and older in 2001.<sup>18</sup> Data from the AARP in 2003 showed that 70 percent of older adults who commit suicide have seen their physicians sometime in the past month, and 39 percent have seen their physicians within a week of committing suicide.<sup>19</sup>

During the planning process, several mental health professionals reported that mental health problems among older adults are rising and that many conditions are undiagnosed and/or untreated. Many focus group participants reported the need for improvements in access to mental health services, especially for depression. Focus group participants also highlighted concerns regarding the stigma associated with seeking assistance for mental health problems. Cambodian older adults in focus groups voiced the concern that some members of their community may need assistance with and information about mental health treatment for Post-Traumatic Stress Disorder due to their experiences with the Khmer Rouge.

Alzheimer's disease is another growing mental health concern for older adults, especially as the Baby Boomers age. The prevention of Alzheimer's disease is a high priority of the National Institute on Aging. One study on Alzheimer's disease from the National Institutes of Health indicated that in the year 2000, 7 percent of those with the disease were ages 65-74, 53 percent were ages 75-84, and 40 percent were ages 85 and older.<sup>20</sup> Another study published in the Journal of the American Medical Association found that participation in cognitively stimulating activities was associated with a reduced risk of incident Alzheimer's disease. The study concluded that a person reporting frequent cognitive activity was 47 percent less likely to develop Alzheimer's disease than a person with infrequent cognitive activity.<sup>21</sup> Early detection and diagnosis of Alzheimer's disease is important in order to manage and/or delay the rapid progression, deterioration, and premature death of people with the disease.

## Wellness Promotion

Health education and promotion is vital for assuring that older adults live healthy and independent lives for as long as possible. Educating the community about practicing healthy lifestyle and wellness behaviors is important for preventing the use of emergency and high-cost treatment services and benefits older adults and the entire community. Wellness includes the opportunity to contribute and participate in meaningful activities that promote optimum health. Focus group participants and Task Force members expressed the need to promote affordable recreation programs, activities, and services that offer physical fitness and nutrition education to older adults, especially in ethnic communities.

Additionally, focus group participants expressed inhibitions about receiving influenza and pneumonia vaccinations. Promoting the benefits of annual vaccinations contributes to the health and wellness of older adults and their families.

**HEALTH GOAL:** *To maintain and improve the physical and mental health and well being of older adults.*

## Health Action Steps

1. Educate older adults on the benefits of physical activity, strength and balance training, and other preventive health and wellness activities.
2. Advocate for physicians, pharmacists, and social service providers to provide enhanced education for older adults, their families and caregivers regarding proper medication management.
3. Provide information about changes in Medicare's prescription drug insurance programs and lower-cost alternatives.

4. Improve access to information about mental health programs and advocate for improved outreach, education, and screenings for mental health services for older adults in mental health, health care, and social and recreational settings, especially among ethnic communities.
5. Advocate for health care providers to expand preventive health and age appropriate screenings, especially mammograms and prostate exams.
6. Advocate for information and access to health care services for uninsured and underinsured older adults.
7. Provide education to older adults, their families, and their caregivers on how to become better health care consumers.
8. Provide information to social services and health care providers, older adults, and their families and caregivers about Hospice and palliative care services.
9. Expand access to information about home health care and personal assistance to older adults, families, and caregivers at all income levels.
10. Advocate for the expansion of cultural competency training for medical providers and the expansion of translation services in medical settings to ensure access to services for ethnic older adults.
11. Advocate for and encourage an increase in the provision of age sensitivity and geriatric training for providers of health care of all kinds.
12. Advocate for the increased availability of affordable dental, vision, hearing, foot care, and other services for older adults.
13. Advocate for the expansion of nutrition information programs and congregate and home-delivered meals for older adults, especially in ethnic communities.
14. Advocate for an increase in volunteers, especially from ethnic communities, to become skilled nursing ombudsmen.
15. Increase education and information among older adults, families, and caregivers about the importance of influenza and pneumonia vaccines.
16. Advocate for funding to conduct a citywide older adult health needs assessment that will provide baseline data for monitoring chronic diseases and the Healthy People 2010 health promotion objectives.

## **CATEGORY 5: QUALITY OF LIFE**

Social, leisure, recreational, and educational activities were identified by community and Task Force members as important factors that contribute to longevity, well-being, an active lifestyle, and quality of life for older adults. Quality of life is influenced by many

variables, including socio-economic conditions and the availability of social and leisure services. There is a distinct socio-economic divide among older adults living in the City's nine districts. Comprehensive needs assessments are vital in prioritizing the City's older adult resources. For example, there may be greater demand for assistance in areas populated by low-income families that care for older adult family members. Additionally, it is important to remember that many younger minority families living in several districts of the City may be caregivers for older adults who are disenfranchised by language and socio-economic conditions. Older adults living alone and families caring for older adults tend to have the greatest need for information and supportive services.

Another factor influencing quality of life is the current increase of grandparents as caregivers. Information from the U.S. Census 2000 provides some insight into the quality of life of thousands of older adult residents. U.S. Census 2000 Summary File 3 sample data for Long Beach revealed that 12,372 older adults are grandparents (age unknown) living in households with one or more grandchildren under 18 years, and 4,099 of these grandparents are responsible for their grandchildren. Also, analysis by the AARP of national Census 2000 data has shown that the number of children being raised by grandparents has increased by 30 percent in ten years.<sup>22</sup> Given the responsibility, finances, and energy that raising a child requires, these older adults have a heavy burden to carry at a time in life when aging can diminish limited resources. Older adult social service and recreation providers should consider and plan for childcare and intergenerational opportunities to ensure that older adult grandparents are given the chance to participate in a variety of meaningful programs, activities, and services.

## Caregiver Challenges

Caregiving for older adults affects quality of life and independence, and presents distinct challenges to older adults, family, and friends. Recent national statistics on family caregiving have shown that family caregivers provide approximately 80 percent of home care services. Another national study has shown that 61 percent of those who provide "intense" family caregiving (at least 21 hours a week) have suffered from depression.<sup>23</sup> Additionally, national statistics from the AARP showed that in the year 1960, 24 percent of people in their sixties had one parent alive, and by the year 2000, the number jumped to 44 percent.<sup>24</sup>

The physical and emotional responsibilities of those caring for older adults can be difficult for both family and professional caregivers. Many families are juggling the responsibilities of caring for children and older adults living in the same household. It will become increasingly necessary for older adults and their families to rely on mechanisms of support for caregiver responsibilities such as training and respite to maintain or improve quality of life.

Additionally, Task Force members highlighted the need for more adult day care and adult day health care services and programs, along with transportation to these services. These community-based programs, which generally operate during daytime hours, provide various health, social, and other supportive services to older adults who

have functional or cognitive difficulties. Adult day services offer assistance to and respite for caregivers and family members who provide 24-hour care to older adults. Task Force members also observed that adult day services should be made available on a sliding cost scale to increase access by older adults at various income levels.

## **Social Opportunities and Employment**

Long Beach has an established tradition of providing older adults with social and recreational activities through the City's Department of Parks, Recreation, and Marine, and a network of community providers, including the faith-based community. The City partners with older adult service providers at the Long Beach Senior Center and at other satellite senior centers in strategic locations throughout the City. These centers provide essential services including health screenings, congregate meals, nutrition information, physical fitness activities, information and assistance, recreational, educational, leisure, volunteer, and social opportunities. These services and activities are vital for promoting self-sufficiency, self-esteem, and sustained independence and well being for older adults.

Older adults in Long Beach felt that their quality of life improves with socialization, recreational, educational, leisure, and volunteer opportunities. They also felt that they needed more information about these services and that they required transportation to and from these activities. Additionally, many low-income older adult focus group participants requested more affordable opportunities for recreation and socialization. There are numerous vital, active older adults seeking ways to contribute their skills and talents to the community. Older adults do not want to feel excluded; they want to participate, and desire more community involvement through volunteerism, employment, and intergenerational program opportunities. Older adults in focus groups expressed the desire to feel a sense of purpose and a belief that they are valued because of their experience and wisdom.

Many older adults in focus groups desire to participate in learning opportunities. Studies have shown that intellectual stimulation prevents mental decline. In 2002, the Journal of the American Medical Association published a study conducted by the Advanced Cognitive Training for Independent and Vital Elderly on healthy and independent older adults 65 and older who participated in cognitive training sessions for 2 hours a week for 5 weeks. The study showed improvement in participant's cognitive abilities such as memory, concentration and problem solving skills, as well as a continuance of this improvement for two years after the training.<sup>25</sup> This study reinforces the well-known phrase and advice common to older adults, "Use it or lose it."

Task Force members, focus groups, and key informant interview participants also expressed the need for more intergenerational programs to ensure that older adults are included in community activities for all ages. They suggested utilizing existing facilities and groups such as schools, community and senior centers, and community and faith-based organizations to promote and implement intergenerational programs.

Many older adults in focus groups voiced a desire to continue working beyond retirement. The traditional view of retirement involves freedom, choice, enjoyment, and rest from a lifetime of work and employment. However, not all Long Beach residents age 65 and older live the traditional retirement life. Participants from older adult focus groups voiced the opinion that older adults desire to remain active, contributing members of society through participation in meaningful opportunities. Furthermore, while many desire to work past the traditional retirement age of 65, some are forced to continue to work because of economic reasons.

Some older adults in focus groups also commented that, when seeking employment, they experienced age discrimination and were stereotyped as unproductive, incompetent, or inefficient. Research on older adults and employment has shown that older workers are generally valued as more reliable, loyal, and more experienced for certain jobs. Employers should be sensitized to the importance of retaining and valuing older workers for their skills and experience, versus hiring a disproportionately younger workforce.

In addition, Task Force Members advocated for employers to provide more information to their employees about financial planning, retirement planning, family leave, and the possibility of transitioning into part-time work or volunteer opportunities upon retirement.

## **Volunteerism**

Long Beach has a rich history of engaging its older adult population by providing volunteer opportunities through public, private, non-profit, and faith-based sectors. Compared to other age populations, the older adult population currently contributes the largest number of volunteer hours to the community. Older adult volunteers serve as vital resources for all programs, activities, services, and organizations throughout the City.

Focus group and key informant interview participants and Task Force members expressed that older adults provide a large number of volunteer hours to the City. Key informants called for an increase in volunteer recognition as well as increased outreach into the older adult community to recruit additional volunteers.

Older adult volunteers improve their own quality of life because they are engaging their skills, assets, and experience and are valued as an integral part of the community. A recent study from the University of Florida found that older adult volunteers, in comparison to those who did not volunteer, showed improvements in three measures of well-being: functional status, self-rated health, and depression. The study also cited that the number of hours or the type of organizations involved were not important, but that the act of volunteering itself is the key to improving mental and physical health.<sup>26</sup> Possible volunteer and intergenerational opportunities that exist for older adults include mentoring and sharing their skills in community centers, senior centers, schools, and resource centers, and providing assistance to non-profit and faith-based organizations. The increasing involvement of older adults in community networks and services provides a large untapped resource for the City and for the community.

## Gatekeeper and Reassurance Programs

Focus groups, key informant interview participants and Task Force members observed that telephone reassurance and friendly visitor programs that currently exist in Long Beach were significant for keeping older adults connected to the resources they require to remain safely in their homes; this is so with homebound, isolated, frail, or lonely older adults. Friendly visitor programs provide regular visits to older adults who have limited contact with others, and telephone reassurance programs provide daily phone calls to isolated older adults, offering companionship and socialization for those who may have no other friends or whose family members live at a distance.

Task Force members also noted the important role that gatekeepers have in helping isolated older adults in the community. During the course of their day, gatekeepers have some form of daily contact with older adults, and include postal carriers, police officers, newspaper carriers, utility workers, emergency response workers, grocery store clerks, and food delivery and other business employees, as well as nearby neighbors. Gatekeeper programs train these workers and individuals to recognize the signs that may indicate that an older adult may be ill or require assistance. The programs provide gatekeepers with a list of agencies that can offer assistance for these older adults. Gatekeeper programs contribute life-saving assistance and support to many older adults in the community, thereby increasing their safety, well being, and quality of life.

## End-of-Life Care and Planning

Task Force members recognized another set of quality of life factors regarding end-of-life decisions. Older adults often need encouragement and assistance to complete advanced directives such as Durable Power of Attorney for Health Care, Living Wills, and funeral arrangements, as well as financial and legal agreements such as wills, trusts, and asset and estate management. Members emphasized the importance for older adults and their families to be informed about planning options for end-of-life preparations to ensure that older adults can live the rest of their lives with the knowledge that they are legally, medically, and financially, as well as spiritually and emotionally, prepared to die with dignity.

**QUALITY OF LIFE GOAL:** *To strengthen, promote, enhance, and expand programs and services that contribute to an exceptional quality of life for older adults.*

## Quality of Life Action Steps

1. Work with local public and community-based providers of essential programs, activities, and services for older adults to promote and increase access to senior and community centers that provide social, educational, nutritional, recreational, and leisure programs, and information and assistance services.
2. Promote, enhance, and expand existing telephone reassurance, friendly visitor, home delivered meals, and chore assistance programs to provide a safety net for frail, isolated, and homebound older adults.
3. Educate the community about the importance of culturally appropriate gatekeeper programs for frail, isolated, and homebound older adults to remain safe and independent in their homes. Enhance and expand existing gatekeeper and emergency response networks through appropriate City departments, community-based and social service agencies, the faith-based community, neighborhood associations, businesses, and schools.
4. Expand resources and access for caregiver training and respite programs for use by professional and family caregivers. Provide information to the community about caregiving programs and services.
5. Expand and promote employment and retraining opportunities for older adults through public, private, educational, faith and community-based sectors, the media, community and senior centers, and resource centers.
6. Encourage City Departments to involve older adult volunteers in the design and delivery of services targeting older adults.
7. Enhance existing volunteer opportunities and recruit older adults to volunteer in programs throughout the community, especially in self-help and peer-to-peer programs.
8. Promote the importance of and increase access to educational opportunities for older adults including lifelong learning, technology training, and university and community college programs.
9. Promote, enhance, and expand existing intergenerational programs and advocate for additional programs that involve persons of all ages, especially older adults.
10. Provide education and information to public and private business sectors and the community about the value of hiring and retaining older workers in order to discourage age discrimination against older adults seeking employment.
11. Develop resources to enhance existing information and assistance services for older adults. Promote the use of and provide access to other regional information and assistance services that provide multi-language, database management of services, and 24/7 availability.



12. Advocate for policies requiring that home care agencies carefully screen, require background checks on, and provide age sensitivity training to personnel who provide at-home services for older adults.
13. Provide information about and promote the availability of congregate and home delivered meal programs for older adults, and increase access to these services for ethnic older adults.
14. Promote and enhance access to and information about adult day care services and advocate for sliding cost scales for low-income older adults.
15. Provide information to older adults and their families about resources for end-of-life care and planning information such as advance directives, will preparation, funeral arrangements, obtaining legal and financial assistance, and asset and estate management.
16. Advocate for public, private and community-based social services to provide information about or create support group activities for older widows and widowers and elders living alone or at a distance from family members.
17. Encourage public and private business sectors, and the service sector to provide discounts to older adults when appropriate.





## PART 2: IMPLEMENTATION

*Part Two contains the overall recommendations that address the action steps for the comprehensive improvement of programs and service delivery systems and implementation of the Plan in Long Beach.*

### IMPERATIVES FOR SYSTEMS IMPROVEMENT

The following overarching imperatives and actions steps for improving service systems were consistently articulated throughout the Strategic Planning Process as necessary for the successful implementation of the Plan:

***Imperative 1:*** *Enhance the coordination and evaluation of programs, activities, and services and promote the inclusion of older adult interests in city and community planning in order to ensure a well-organized and efficient system for older adults, while minimizing the gaps, fragmentation, and duplication of services.*

#### Action Steps

1. Develop resources to establish the position of “Older Adult Services Coordinator” who will:
  - Implement and monitor the results of strategic planning for older adults.
  - Facilitate the coordination of information about and promotion of older adult programs, activities, and services.
  - Develop and continually update an inventory of older adult programs, activities, services, and resources in Long Beach to identify service gaps and duplications.
  - Link City and community provided services for older adult programs, activities, and services in order to leverage and maximize limited public and private resources.
2. Establish and promote an effective, centralized Internet information system to connect existing and new communication networks, and to provide electronic access to updated and comprehensive information on older adult programs, activities, and services for use by service providers, older adults, and their caregivers.

3. Advocate to enhance existing local Information and Assistance (I&A) services, and to promote the use of County, State, and private information services that will provide families, older adults, and caregivers with information on older adult programs, activities, and services.

***Imperative 2: Collect and utilize pertinent local data and information on older adults in order to appropriately assess the needs and gaps in older adult programs, activities, and services, and to facilitate and develop resources and grants for identified services and program needs.***

### **Action Steps**

1. Establish a system for collecting, maintaining, and monitoring baseline data and information specific to aging adults in Long Beach.
2. Research the possible causes for and implications of the decrease in percentages and numbers of older adults in Long Beach.
3. Conduct on-going analysis of information.
4. Monitor the progress of research initiated for the Strategic Plan.

***Imperative 3: Ensure that older adult programs provide age-sensitive, culturally, and linguistically relevant services in order to minimize the age discrimination and cultural and literacy barriers faced by diverse older adults.***

### **Action Steps**

1. Encourage service providers to offer programs, activities, services, and printed materials in the languages of the City's residents.
2. Promote sensitivity training for and provide resources and information to providers, volunteers, and the community about culturally and linguistically appropriate and age-sensitive programs, activities, and services.
3. Encourage the practice of hiring bilingual and bicultural staff throughout older adult programs, activities, and services.

# RECOMMENDATIONS FOR IMPLEMENTATION

As recommended from the Plan's goals and action steps in Part One and the systems improvement section in Part Two, the following priority action steps are paramount for the implementation process:

1. Strengthen decision-making for evidence-based policy and planning by establishing, maintaining, and utilizing solid data and evaluation.
2. Promote, strengthen, and mobilize interdepartmental planning with collaboration from public and private partnerships.
3. Develop and enhance communication strategies to link older adults and their families to resources.
4. Develop funding to conduct a resource mapping and gaps analysis of services and resources for older adults, and to develop a plan to close the gaps and to eliminate duplication of services.
5. Develop partnerships and collaborations to pursue funding, training, and incentives to implement the Plan's strategies.

## Ad-Hoc Implementation Committee

It is recommended that an ad-hoc implementation committee be established to:

- Ensure the implementation of the Long Beach Strategic Plan for Older Adults.
- Strengthen the voice for older adult advocacy.
- Develop and organize advocacy strategies.
- Monitor, review, evaluate, and, when appropriate, enhance the Plan's action steps.

It is recommended that the ad-hoc implementation committee be comprised of:

- Interested older adults including members of the Older Adult Strategic Planning Task Force and members of the Long Beach Senior Citizen Advisory Commission.
- Representatives from local community colleges and universities.
- Representatives from City Departments, and other agencies and organizations.
- Representatives of providers of older adult services.

